

TRAUMA TIMES

"The heartbeat of Indiana"

Volume 1: Issue 1



INDIANA TRAUMA SYSTEM FACTS

Injury is the leading cause of death from 1 year to 34 years of age. More than 95,000 Hoosiers are hospitalized and more than 5,000 die from injuries each year.

Trauma refers to people who have sustained moderate to severe injuries, requiring rapid evaluation and transport to hospitals with trauma centers that are best equipped to provide the comprehensive care needed. All hospital emergency departments are not trauma centers, as many believe. A trauma system is an organized, coordinated effort in a geographic area that delivers the full range of care to all injured patients. Indiana is one of only two states with no laws or regulations providing legal authority for state oversight of trauma care, a necessary element of a trauma system.

States with trauma systems have a review process to designate hospitals according to the level of care that can be provided to injured patients – ranging from emergency department evaluation and stabilization in smaller hospitals to the most comprehensive levels of care provided in hospitals verified by the American College of Surgeons Committee on Trauma (ACS-COT). Indiana has seven hospitals with Level I or Level II trauma centers (comprehensive care), as verified through a strenuous review process by the American College of Surgeons Committee on Trauma: Evansville – Deaconess and St. Mary's hospitals; Fort Wayne – Parkview Hospital; Indianapolis – Methodist Hospital, Riley Hospital for Children and Wishard Memorial Hospital; and South Bend – Memorial Hospital.

Indiana trauma system development is being accomplished by the Indiana State Department of Health Trauma System Advisory Task Force, organized in May 2004, by Charlene Graves, MD. The Task Force has broad representation from numerous organizations and individuals interested in developing a statewide trauma care system. Issues being considered by the Task Force include: leadership and authority for a statewide trauma system, policies, legislation and financing needed for such a system, system design, based on data and needs assessments, education of policy-makers, health professionals and the public, information management and quality of care indicators, collaboration, and resources to support a statewide system.

Task Force conclusions thus far:

- The goal of a statewide trauma system is preventing injuries and coordinating care of injured patients to accomplish decreased death and disabilities due to trauma.
- It is desirable for all Indiana hospitals to eventually be part of a statewide trauma system, based on the level of care each hospital is able to provide.
- System participation by hospitals would be voluntary.
- Collaboration between emergency medical services, hospitals, rehabilitation facilities and public health is needed.
- A statewide trauma registry is necessary because it provides a proven mechanism to examine trauma patient care data on a confidential basis.
- Widespread education is needed to inform numerous constituencies (legislators, hospitals, and the public) about a statewide trauma system.

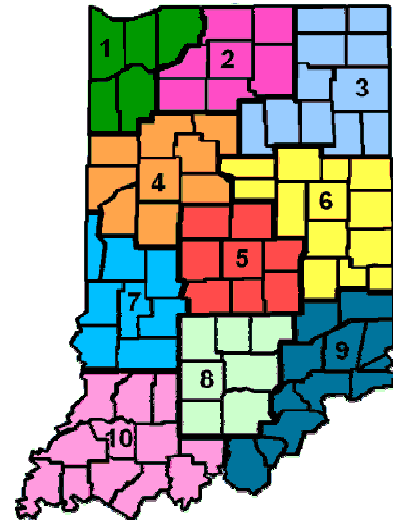
Trauma is an important public health and health care delivery issue because of its major impact on the lives and health of Hoosiers.

TRAUMA SYSTEM DEVELOPMENT

Indiana is in the process of establishing a voluntary, statewide system of trauma care. A trauma system is a pre-planned, comprehensive, and coordinated statewide and local injury response network that includes all medical facilities with the capability to care for the injured.

There are four primary components of the trauma system: trauma hospital designation criteria; trauma registry; EMS/pre-hospital triage and transport guidelines; and inter-facility (hospital to hospital) transfer guidelines.

Trauma-specific statewide multidisciplinary, multi-agency advisory committee meetings are important for planning, implementing, and evaluating the state trauma care system. To that end, the 50-member ISDH Trauma System Advisory Task Force, with representation from numerous stakeholders interested in trauma system development, has been meeting on a quarterly basis since May of 2004.



With support from resolutions by both the ISMA and the Emergency Nurses Association in 2005, legislation was enacted in 2006 (Public Law 155) designating the Indiana State Department of Health as the lead state agency for trauma system development. The Task Force is currently working on criteria for designation of Indiana hospitals for various levels of trauma care, which will eventually become administrative rules that define Indiana's trauma care system.

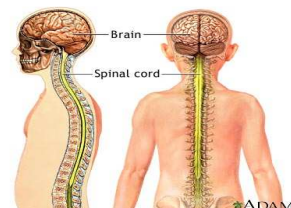
TRAUMA REGISTRY

The trauma registry (www.indianatrauma.org) is the foundation component that supports the others, providing the ability to monitor the system for efficiency and effectiveness, including local level use for improved patient care and outcomes. The Indiana Trauma Registry was implemented in 2007, with initial participation by the seven hospitals in Indiana that are verified as Level I or Level II trauma centers by the American College of Surgeons Committee on Trauma (ACS-COT). The hospitals involved are: Deaconess and St. Mary's hospitals in Evansville; Parkview Hospital in Fort Wayne; Methodist Hospital, Riley Hospital for Children, and Wishard Memorial Hospital in Indianapolis; and Memorial Hospital in South Bend.

Several other Indiana hospitals have volunteered to participate in the initial phase of the registry. In 2008, there will be 20 rural hospitals voluntarily participating in a pilot project on utilization of the registry. The vendor that was chosen for the registry is Image Trend from Minneapolis. Image Trend has conducted tests to ensure the compatibility of the program with the data from the Firehouse reporting software that is being used by EMS and paramedics; linkage with the Firehouse system will occur when firehouse upgrades are completed in 2008.



Indiana Spinal Cord and Brain Injury Research Board ISCBIRB



The law (PL 234-2007 Sections 43-48) establishing the Indiana Spinal Cord and Brain Injury Research Fund was enacted, effective July 1, 2007. This dedicated fund is created to support spinal cord and brain injury research activities within the state of Indiana, as well as the establishment and maintenance of a medical surveillance registry for Indiana for traumatic spinal cord and brain injuries.

This law created a nine (9) member board to oversee the distribution of these funds

Brain Injury Association of Indiana: Dr. Lance Trexler
Indiana University: Dr. Paul Nelson
National Spinal Cord Injury Association: Mrs. Janeen Earwood
Purdue University: Dr. Alan Rebar
Rehabilitation Hospital of Indiana: Mrs. Annette Seabrook

Governor appointments were made in November, 2007.

- Dr. Chuck Dietzen (physiatrist holding board certification from the American Board of Physical Medicine and Rehabilitation)
- Dr. Henry Feuer (physician who has specialty training in neuroscience and surgery)
- Mr. Ronald Henriksen (representative of the technical life sciences industry)
- Mr. Bob Setree (individual with a spinal cord or head injury or who has a family member with a spinal cord or head injury)

The initial board meeting was held on December 12, 2007 at the Indiana State Department of Health. Items on the agenda included: introduction of board members, review of financial details (current funding level: \$622,960), overview of legislation, overview of the current state of the Indiana Trauma Registry, discussions regarding priorities and first steps, and a discussion concerning funding security.

Next steps are to formulate an agenda and present proposed plan to the Governor, the Indiana General Assembly, and possibly the media to show funding is being spent according to findings of the symposium and the current state of research in Indiana. Once these opportunities are identified, funding will be disbursed, and research will commence. Reports and detailed receivables will ensure compliance and return on investment.



Indiana Spinal Cord and Brain Injury Research Fund 2008 Preliminary Plan

First Quarter	<ul style="list-style-type: none"> • Approve By-laws • Elect Officers • Finalize contractual agreements for Administrative Support and Scientific Reviewers • Develop Indiana Spinal Cord and Brain Injury Research Symposium. Symposium to be held in central location and bring together representatives from throughout the state to discuss current research activities, as well as future opportunities and priorities. Governmental, academic, advocacy and health care organizations to be represented, as well as representation for individuals with these disabilities. • Create draft of initial grant offerings and grant review process
Second Quarter	<ul style="list-style-type: none"> • Host the Indiana Spinal Cord and Brain Injury Research Symposium • Finalize grant review process including types of grants, grant cycles, applications and processes for distribution • Work with ISDH on contractual agreements for next period • Assess opportunity for development of web page within ISDH
Third Quarter	<ul style="list-style-type: none"> • Develop scientific review panel • Announce call for first grants and accept applications for first grant cycle • Identify needs surrounding collaborative state medical surveillance registry for traumatic spinal cord and brain injuries.
Fourth Quarter	<ul style="list-style-type: none"> • Announce first recipients of grants from the Indiana Spinal Cord and Brain Injury Research Fund • Analyze process of first grant cycle for improvements in 2009 • Dependant upon identified grant cycles, begin process for next grant cycle

- ***In-state trauma conferences:***
 - Memorial Hospital, South Bend: March 15, 2008
 - Clarian Methodist Hospital, Indianapolis: April 18, 2008
 - Parkview Hospital, Fort Wayne: May 9, 2008
 - Wishard Hospital, Indianapolis: November 7 & 8, 2008
 - Deaconess Hospital, Evansville: November 14th & 15, 2008

2008 Trauma Task Force Meetings:

- ISDH Trauma System Advisory Task Force Meetings:
 - February 15, 2008
 - May 2, 2008
 - August 1, 2008
 - November 21, 2008

If you are interested in attending or have questions regarding trauma care in Indiana, please contact:

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